

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/088216 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1			1		
4	1			1		
5	1			1		
6	1			1		
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TOTAL IND.	1		4			
TOTAL DEP.	1	1	1			
TOTAL CLAIMS	1	1	1			

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TOTAL IND.		1	
TOTAL DEP.		1	
TOTAL CLAIMS		1	